

Collect or Toll-Free Phone:

Department of Insurance State of Arizona

Financial Affairs Division - Trust Deposit Unit 2910 North 44th Street, Suite 210 Phoenix, Arizona 85018-7269 Telephone: (602) 364-2712 Fax: (602) 364-3989

CERTIFICATE OF DEPOSIT TRANSMITTAL

DELIVERY OF THE FOLLOWING CERTIFICATE OF DEPOSIT IS MADE FOR SAFEKEEPING WITH THE ARIZONA STATE TREASURER ON BEHALF OF THE DIRECTOR OF INSURANCE, WHO WILL, IN TURN, **HOLD THE SECURITY FOR:** (NAIC #) (Complete Name of Company) **CERTIFICATE OF DEPOSIT DESCRIPTION:** Name of Financial Institution:____ _____ Interest Rate _____% Face Amount: \$ Maturity Date:_____ Certificate of Deposit Number: Automatic Renewal? (check one): () YES () NO _____ (if different than CD Number) Financial Institution Account Number: TO BE CLASSIFIED AS A: (Check one type only) HCSO Escrow Reserve Deposit - pursuant to A.R.S. § 20-1056 Ordinary Statutory Deposit required for authority to transact in Arizona Retaliatory Deposit pursuant to A.R.S. § 20-230) Security Deposit for the benefit of ARIZONA policyholders only Workers' Compensation Deposit pursuant to A.R.S. § 23-961 TO BE DELIVERED FOR DEPOSIT BY: (Check one option only in A or B) Personal____ courier___ or mail___ (check one) delivery to the Arizona Department of Insurance. A. Delivery to the office of the Arizona State Treasurer at a meeting to be scheduled by the Arizona В. Department of Insurance. AS INSTRUCTED BY THIS AUTHORIZED REPRESENTATIVE OF THE COMPANY: Name: Date: Signature: CONTACT PERSON:_ Title:

DELIVER THIS FORM TO THE TRUST DEPOSITS UNIT OF THE ARIZONA DEPARTMENT OF INSURANCE AT THE ADDRESS SHOWN ABOVE

Fax:

Please call the Trust Deposits Unit at (602) 364-2712 for assistance with completing and filing this form.